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FROM	Paralegal Department
DATE	2009-10-27 17:36:50 GMT
RE	Attn: Commissioner for Patents, RE: Docket No. P18223 / Revocation & Power of Attorney with Change of Correspondence Address & Statement under 37 CFR 3.73(b) Submitted 10/27/2009

**COVER MESSAGE**

Cover Message  
(KER)  
Docket No. P18223  
Serial No.10/821,549

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PTO/SB/21 (07-09)

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<b>TRANSMITTAL FORM</b>	Application Number	10/821,549
	Filing Date	04-08-2004
	First Named Inventor	Ramesh Perl
	Art Unit	2189
	Examiner Name	Shawn X. Gu
(to be used for all correspondence after initial filing)		
Total Number of Pages In This Submission	3	Attorney Docket Number P18223

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b) (1 pg.)
Remarks Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments. CUSTOMER NUMBER: 59796		

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Firm Name	CUSTOMER NUMBER: 59796		
Signature	/Erik M. Metzger/		
Printed name	Erik M. Metzger		
Date	October 27, 2009	Reg. No.	53,320

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Signature	/Kyrstin Ryan/		
Typed or printed name	Kyrstin Ryan	Date	October 27, 2009

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